

Safer Cigarettes

SIR,—In their somewhat heavy condemnation of your leading article (17 May, p. 354), Professor C. M. Fletcher and Dr. K. P. Ball (14 June, p. 613) seem to reflect a sadly one-sided view. They "strongly deplore" the term "safer cigarettes" and favour referring to them as "less lethal cigarettes." Whether we call them less lethal, less harmful, less hazardous, or safer, the fact that such cigarettes already exist and are gradually being improved would seem to merit encouragement and welcome rather than scepticism and disparagement.

Our common aim surely is to reduce smoking-related disease. Traditional methods of health education, antismoking propaganda, and treatment at antismoking clinics have had a long run without conspicuous success. There have been cries for more money and more restrictions, but such intensification is unlikely to meet with much success so long as those involved remain fixated on the goal of abolishing all smoking. In my view far more could be achieved by focusing more of this effort on the more realistic goal of safer smoking.¹ The switch to filter-tipped cigarettes (a form of safer smoking) has done more to reduce smoking-related disease than have two decades of health education and antismoking propaganda.

The more recently developed ventilated filters enable tar, nicotine, and carbon monoxide (CO) yields to be reduced to very low levels. This makes it possible for cigarettes to become even less hazardous. But there is a rub. Most smokers smoke to obtain nicotine and modify their smoking pattern to regulate their nicotine intake. If the nicotine concentration of the mainstream smoke is

reduced the smoker compensates by taking more smoke into his lungs; and if the nicotine yield is lowered so much (<0.3 mg) that an adequate nicotine intake is impossible despite this compensatory increase in smoking the cigarette will simply lose acceptability.² Such evidence suggests that the safer cigarette will be the one with a very low tar yield and a very low CO yield but a medium (about 1.0 mg) rather than very low nicotine yield. It is the ratio of the nicotine to tar and CO that matters.

I do not claim that such cigarettes would be completely safe, for nicotine is unlikely to prove completely safe. But they would substantially reduce the risk of lung cancer, which is caused by the tar, and if Professor Fletcher and Dr. Ball are correct about CO rather than nicotine being the cause of smoking-related cardiovascular disease such cigarettes would reduce the risk of this as well. If people cannot stop smoking and smoke mainly to obtain nicotine there is no reason why cigarettes should not be made which allow them to have their nicotine without having it contaminated by excessive amounts of tar and CO.

Finally, Professor Fletcher and Dr. Ball's letter contains an error. They claim that 160,000 people in Britain stopped smoking after two Thames Television programmes in April and that this represents 2% of the smoking population. This would mean that the smoking population was only 8m. But in the United Kingdom in 1973 there were 19.2m. cigarette smokers.³—I am, etc.,

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